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Final Report to the Senior Citizen's Secretariat, Research Fund on Aging

Evaluation of a Structured Orientation Programme For Families of Institutionalized Seniors

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March, 1989

Discussion

This research investigated the attitudes of staff and family members towards specific caregiving tasks provided to elderly residents of an auxiliary hospital. One of the primary purposes of this research was to identify differences between staff and family attitudes. A second, and equally important, purpose was to assess the effect of a family orientation programme on the attitudes of family members towards caregiving tasks.

There are a number of interesting questions raised by the differences in responses of staff and family members. Almost half of the caregiving tasks included in the inventory were seen in significantly different ways by the two groups. The pattern of staff and family response to many of the items in this study is similar (in magnitude and direction) to that identified by Shuttlesworth, Rubin and Duffy (1982) in their original U.S. study. They found, as did the present study, that families and staff agreed that staff were primarily responsible for "technical" tasks (for instance, providing physical therapy, checking residents' temperatures, and calling the doctor when needed). They also found that staff (in their study, this included hospital administrators only) tended to assign less responsibility to families in carrying out "non-technical" tasks (for instance, keeping current books and magazines available, writing letters for residents, keeping clothing inventory up to date and

shopping for residents) than families assigned to themselves. This pattern was also evident in the present study.

There were a number of items in the present study which family members identified as being primarily a staff responsibility and staff saw as a joint responsibility. It is possible that some of these items may be identified by families as being technical in nature, while staff see them as being less technical. Some inventory items that may represent this divergence are: making a wheelchair available, assuring that residents' diets are being followed, and clipping finger and toenails.

There were also some interesting response patterns to items which might be characterized as describing protection of residents' safety and individual rights (for example, listening to residents' complaints, protecting residents' rights, checking out residents' complaints and reporting neglect or abuse to authorities). Although most staff and families agreed that this was a joint responsibility, family members identified this as a primary family responsibility more frequently than staff did. In all cases, only 1-2% of staff (compared to 6-23% of family respondents) identified these items as being family responsibilities. Family respondents preference for handling the financial matters of relatives (eg. filing benefits claims for residents) may also fit into this category, as most family

respondents identified this task as a family responsibility and most staff saw it as a staff responsibility.

It is possible that the difference between staff and family respondents in assigning responsibility for the inventory items "making telephones accessible" and "helping residents to maintain independence" has to do with varied definitions of the words accessible and independent. In general, health care providers tend to discuss accessibility as a matter of providing adaptations and aids that enable clients to use equipment. Family members, on the other hand, may have interpreted this question in terms of providing and paying for a private bed-side telephone for residents. Independence may also be a term which is interpreted in one way by staff and in quite another by families. It is possible that families tend to see independence as the ability to live independently in the community, whereas staff may see independence as ability to function as autonomously as possible within the nursing home setting. Families may also feel that they have not previously been successful in helping to maintain their relatives' independence and may have in some way identified that staff will take over that responsibility. Indeed, the general information booklet given to residents and clients identifies achieving the highest possible level of independence as one of the primary missions of the extended care centre.

The option of choosing to pay for laundry service may explain why family members tended to see laundering of residents clothing as a staff responsibility, while staff tended to see this task as a joint or family responsibility. In this auxiliary hospital setting, most families do in fact choose to pay for laundering of their relatives' clothing.

There were two final items which seemed to suggest that family members were more willing to become involved than staff might have expected. Families were more likely to see themselves as being equal partners in assuring that they understood nursing home policies and procedures than staff expected them to be, and also reported themselves to be more willing to become involved in encouraging residents' participation in activities than staff anticipated.

An examination of the significant differences in the responses of the experimental and the control groups of family members after delivery of the orientation programme also suggests some interesting possibilities. The 6 inventory items which are significantly different between groups are all essentially non-technical in nature. The responses of members of the experimental group suggest that these family members tended to expect to be jointly responsible for more tasks than did the control group, who still appeared to see tasks as either a staff or a family responsibility. There are a number of possible

explanations for this. Three of the 6 items were explicitly discussed in the orientation programme - making the room attractive, reading to residents, and providing birthday parties. Families in the experimental group appeared to have taken on the responsibility for working with staff to enhance their relatives' rooms and to provide a birthday party in greater numbers than did families in the experimental group. Most of the respondents in both groups identified the family as being primarily responsible for reading to the resident; however, 31% of the control group and 0% of the experimental group saw this as a staff responsibility.

The 3 remaining inventory items which differed between groups were not discussed in the orientation programme. It is possible that differences between the groups on these items (keeping updated as to residents' needs, maintaining a good relationship between family and resident, and talking to residents every day) are related to the degree of familiarity, comfort and trust that family members have with staff. Family members who know how the facility operates and who have been encouraged to continue to be involved in caregiving tasks may be: (1) more likely to be up-to-date regarding residents' needs, (2) more involved in maintaining a good relationship with their relative and (3) more likely to feel that the staff will, indeed, talk to their relative daily. So, although these tasks were not

specifically discussed in the orientation programme, it is possible that the process of orientation rather than the content of the orientation package had a beneficial effect.